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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>09/770102</i>		Filing Date	
Substitute for Form PTO-1360 (For use with Form PTO/SB/06) <i>RCE</i>							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		* <i>3-7-05</i>	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51		1	
2							52		1	
3							53			
4							54			
5							55		1	
6							56		1	1
7							57		2	2
8							58		2	2
9							59		2	2
10							60		2	2
11							61		2	2
12							62		2	2
13							63		2	2
14							64		2	2
15							65		2	2
16							66		2	2
17							67		1	1
18							68		1	1
19							69		2	2
20							70		2	2
21							71		1	1
22							72		1	1
23							73		1	1
24							74		2	2
25							75		1	1
26							76		1	1
27							77		1	1
28							78		1	1
29							79		1	1
30							80		1	1
31							81		1	1
32							82			
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46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			

3-7-05 *7-5-05*

* May be used for additional claims or amendments

3-7-05

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